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CASE OF RETINAL DETACHMENT, FROM CONCUSSION,  
WITH REMARKS.

BY S. FOSTER HAVEN, JR., M.D., WORCESTER.

[Communicated for the Boston Medical and Surgical Journal.]

ON September 12, 1859, a lad, aged 13, was brought to me on account of an affection of his sight. It appeared that two or three weeks previous, while playing, he had received a blow upon the right eye from an apple. Considerable pain, and tumefaction of the lids, immediately followed. He was unable to open the eye at all for seven or eight hours, and then found that objects were only indistinctly visible. The swelling subsided in a few days, but the vision remained imperfect, and finally it was thought best to take medical advice. The treatment, in the mean time, had consisted simply of cold applications.

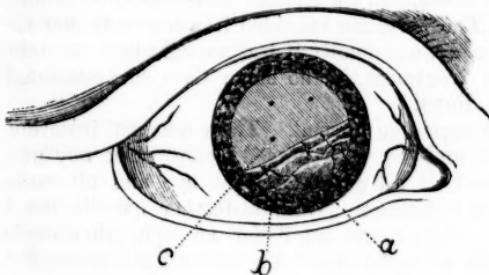
Externally, the eye appeared normal. There was no injection, pain, nor photophobia, and the pupil played freely. The boy was, however, unable to read at all with the right eye, and all large objects appeared very indistinct. Without further questioning, I applied atropine to enlarge the pupil for an ophthalmoscopic examination, holding in view the possibility of finding a dislocated lens, or an opacity of the vitreous humor, or an apoplectic condition of the retina. While waiting for the dilatation to take place, the lad incidentally remarked that he could only see a portion of any one object, the rest seeming, as it were, cut off. This led me at once to test more closely the field of vision, and it appeared that the upper and inner portions of objects were invisible. For instance, of pictures and large-sized letters, he saw only the right lower half. An almost immediate conviction ensued that the following state of things had probably occurred:—That, owing to the concussion from the blow, a rupture had taken place in one or more of the choroidal vessels, and a haemorrhage had succeeded, which, gravitating downwards, had separated the lower part of the retina from the choroid, and pushed it forwards into the posterior

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chamber, thereby rendering that portion insensible to external impressions. The lower and outer part of the retina would of course correspond to the upper and inner part of objects.

*Ophthalmoscopic Examination.*—The upper and inner portion of the bottom of the eye presented the normal red color, with the exception that two or three small bits of pigment or clots of blood floated about in the vitreous humor; and further questioning elicited that these were occasionally perceived by the patient. The lower and outer part of the field, however, was separated from the rest by a distinct line of demarcation, below which there was no trace of the red color, but a whitish-gray appearance, which seemed to stand forwards in the posterior chamber towards the lens, and to quiver with the motions of the eye. A slight haziness of the vitreous humor prevented as clear an observation as could be desired, but, without doubt, the correctness of the diagnosis, the patient was requested to come again in three weeks.

At the end of that time a second examination was made, and the haziness was found to have cleared away. The grayish-white appearance now stood forth as an unmistakable membrane projected forwards considerably towards the lens, in folds, and moving with the movements of the eye. Over this, ran several retinal vessels, which, owing to the creases in the membrane, were twisted and interrupted in their course. Dr. Hathaway, of Worcester, was present and saw the same appearances.



a. Lower part of the retina, separated and projected in folds. (By a mistake in engraving, this is made at the lower and inner, instead of the lower and outer part.) b. Retinal vessel following the course of the folds. c. Bit of fragment floating in the vitreous humor.

Before touching upon the points of interest in this case, it may be well briefly to allude to the present state of knowledge regarding retinal detachment. This affection has been very little spoken of by any authority before the introduction of the ophthalmoscope. Even English and American text books, of the present day, refer but slightly to the disease which is the principal cause of retinal separation, under the title of sub-choroidal dropsy. Mackenzie says that a watery effusion between the choroid and retina may produce a "coarctation" of the retina, which may project so far forwards as to be visible to the naked eye, and present appearances precisely similar to those described above. He furthermore adds, that this has been mistaken for cataract, and a useless and

painful attempt at depression made. He also quotes, on the important authority of Panizza, a case in which an eye, unquestionably with this disease, had been extirpated, under the belief that it was encephaloid cancer.

Within the last four or five years, the ophthalmoscope, and that chiefly in the hands of German ophthalmists, has shown that detachment of the retina is not an unfrequent morbid appearance in amaurotic affections. A simple separation is almost always the result of a sub-retinal effusion, serous or sanguineous, from choroidal disease. In a proportion of perhaps 95 per cent., it has been found at the lower and outer part of the bottom of the eye, and hence the inference has been that it commences at the lower part. The last number of Graefe's Ophthalmological Archives, however, contains a short article upon this very subject, which goes to modify a little the views previously entertained. From the fact that patients seldom present themselves for treatment before the trouble has been of some duration, cases have rarely been observed at the commencement of the disease. On the other hand, the detachment from effusion takes place with considerable rapidity. Dr. Graefe has recently had an opportunity to examine some cases in the very early stages, in which he has found a small detachment occurring at the upper part of the retina, which gradually changed its locality till it reached the bottom. He has also observed that these small portions of the retina first separated have, after the escape of the fluid from behind them, resumed their position and functions. From this he concludes that, whereas it was formerly supposed that this separation commenced almost always at the bottom of the eye, and that the detached portion seldom regained its place, and never its functions, he now believes that separation may begin frequently, if not generally, at other parts, and that, in the early stages, small detached portions, if relieved of the effusion behind, may resume their place, and also their functions, provided, of course, the membrane remains transparent. While the serous fluid is finding its way downward, it may rupture the membrane, and cause an opacity of the vitreous humor. But when it is remembered how strong is the attachment of the anterior portion of the retina to the circumference of the ciliary circle, as is shown in dissections, it will be readily understood how this membrane can bear a considerable pressure against it.

In that disease called irido-choroiditis, which results in general disorganization and atrophy of the eye, retinal separation is one of the complications; but here it ensues from a diminution of the vitreous humor, and not from a fluid behind. Detachment of the retina may also occur from puncturing wounds, and from a cysticercus which is forcing its way through into the posterior chamber.

Returning to the original case, we have here a retinal separation taking place, not from choroidal disease, nor from a penetrating wound, nor from an entozoon, but, as we have every reason to be-

lieve, directly from concussion. Considering the frequency of blows upon and about the eye, it would seem as if, since the introduction of the ophthalmoscope, a certain number of parallel cases ought to have found their way into print. A considerable examination of recent foreign ophthalmic literature, however, failed to bring any such to light, until, at the very moment of penning this, two recorded cases were found in a work fresh from the English press—namely, Cooper on Wounds of the Eye. In one case, retinal detachment occurred from a blow upon the eyebrow with a flail. In the other, it resulted merely from a general concussion. A man, while running violently, fell, and received a severe shock. The injury to the sight was only discovered about three weeks after, by accidentally covering the sound eye with the hand. In both cases the pupil was dilated and motionless.

The diagnostic value of these and similar cases exists principally in showing the inefficacy of treatment. Probably, in a large number of instances where a diagnosis of paralysis of the retina from concussion has been made, the ophthalmoscope might have shown an actual detachment, and have saved the patient from an harassing course of mercurials, blisterings and bloodlettings. Where the retina is considerably projected towards the lens, a very simple illumination of the eye serves to detect it. In the absence of any other instrument, a fragment of looking-glass, with a small bit of the quicksilver scraped off from the centre, might suffice.

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#### METHOD OF PRESERVING VACCINE LYMPH.\*

{Communicated for the Boston Medical and Surgical Journal.]

HAVING received this handsome pamphlet from the author, and knowing from personal experience that the method therein described possesses most decided advantages, we transcribe for the pages of the JOURNAL some of its most striking and important passages; believing that at a season when this subject has been interesting our readers, any suggestion which will enable them at all times to keep their own supply of lymph, so that they need never beg it of their neighbors, or disoblige those who apply to them for vaccination, will be, after the experience which most of us have lately had, acceptable to all. We therefore propose to show that this may be accomplished by the use of capillary tubes. It may be well to state that we are not alone in this opinion, for an inquiry made in the month of August last, as to their value, by a commission of her Majesty's Privy Council, was followed by a circular from that body, recommending their general adoption by public vaccinators throughout the Kingdom.

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\* Exposition of a Method of Preserving Vaccine Lymph Fluid and Active; with Hints for the more Efficient Performance of Public Vaccination. By William Husband, M.D., Fellow of the Royal College of Surgeons of Edinburgh, and one of the Medical Officers of the Royal Public Dispensary and Vaccine Institution, Edinburgh, London: John Churchill, Edinburgh: Sutherland & Knox. Dublin: Fannin & Co.

To properly understand this manner of preserving lymph, it is necessary to know that there are three different "tube methods" which have been in use at various times: viz., that of M. Bretonneau, consisting of a fusiform tube, one half to three quarters of an inch long; that of M. Giraud, wherein the tubes, two and a half to three inches long, terminated in a bulb of one third to one half an inch in diameter; and the third, invented in 1847 by Dr. Husband, of Edinburgh. As the tubes of M. Bretonneau are charged with great difficulty, and, according to those who have used them in France, do not preserve the lymph for any length of time, and those of M. Giraud been abandoned on account of their extreme fragility, whilst Dr. Husband's are declared to "furnish beyond comparison the easiest and most expeditious means of taking lymph for present or for future use," we shall, perhaps at the expenditure of considerable space, describe the form, manner of charging, sealing and using these tubes.

Dr. Husband's capillary tube, then, is a simple straight tube, of sufficient tenuity to seal instantaneously at the flame of a candle; large enough to contain as much lymph as is sufficient for one vaccination; long enough to admit of both ends being sealed without subjecting the charge to the heat of the flame; and strong enough not to break easily in the mere handling. The following is the mean of several measurements of tubes, fulfilling the above conditions:—length,  $2\frac{3}{4}$  inches; diameter,  $1\frac{1}{28}$  of an inch; thickness of wall,  $\frac{1}{20}$  of an inch.

The tube, held in a position more or less inclined to the horizontal, is charged by applying one end (the straight end, if they be not both straight) to the exuding lymph of a punctured vesicle, which enters instantly by capillary attraction, and as much should be allowed to enter as will occupy from about one seventh to one half the length of the tube, according as its capacity is greater or less.

As it is in the proper sealing of these tubes that the most difficulty is experienced by the novice in their use, we quote Dr. Husband's detailed description in full.

" Make the lymph gravitate towards the middle, by holding the tube vertically, and, if necessary, giving it a few slight shocks, by striking the wrist on the arm or table. Then seal the end by which the lymph entered, by applying it to the surface of the flame of a candle. It melts over, and is sealed immediately. Proceed with the other end in the same way, but first plunge it suddenly—say, half an inch—into the flame, and as quickly withdraw it, till it touches the surface as before, and hold it there till it, too, melts over. If it be applied to the surface of the flame without being first plunged into it, it melts, no doubt, and gets sealed; but before you have time to complete the process, and while the glass is still soft, the heated air within the tube expands, and forms a minute bulb, which, from its tenuity, either gives way on the instant, rendering it necessary for you to break off the end, and begin anew; or, what is worse, remains entire for the time, only to break afterwards by the slightest touch.

" It should be observed, that in no case is a tube to be laid down until the lymph has been made to pass towards the middle of it, for the fluid concretes quickly about the orifice, and you cannot afterwards detach it, without breaking

off the end, and the concrete portion of lymph with it. But if it be at once made to pass away from the orifice, by holding the tube vertically, you may lay the charge down, and take half a dozen or more in the same way before sealing them ; only, if you delay the sealing process too long, more than five minutes perhaps (a delay which need never happen), the lymph within the tube is apt, from evaporation, to become adherent, especially if it be more than ordinarily viscid, or if the calibre of the tube be unusually small, and it cannot afterwards be blown out, when you come to use it.

" Before concluding these directions, let me observe farther, that if the lymph do not exude freely the tube may require to be drawn several times more or less obliquely across the surface of the vesicle, or cluster of vesicles, until a sufficient charge has entered ; but generally if the exudation be copious, and a drop of some size have formed before you begin to take your supply, the orifice of the tube need not, indeed ought not, to touch the surface, but is merely to be dipped into the clear fluid ; and one may commonly in this manner, from one infant's arm, charge five or six tubes in almost as many seconds, with perfectly pure and limpid lymph, which shall contain neither epithelial scales, nor pus globules, nor blood discs, and is therefore, so far, in the best possible condition for preservation."

To use the lymph thus preserved, the sealed ends of the tube are broken off, and the fluid contents blown out upon the point of a lancet.

The tubes may be sent by post, packed in a bit of pine wood, having a shallow groove in which they are laid with a few filaments of cotton, and then covered with another thin piece of the same. Such a package resists the post office stamp perfectly.

" That lymph so preserved possesses a *permanent value*—in other words, that it retains its virtue unimpaired for months and years—is now well ascertained. It is a fact admitted on all hands by the members of the medical profession in Edinburgh, and one to the truth of which many of their number are ready to testify from their own observation.

" I had an opportunity, in the month of August last, of showing to Mr. Ceely several perfectly successful vaccinations with lymph which had been hermetically sealed up for five, six, and seven years. Mr. Ceely saw in one case the cicatrix, from which the crust had just dropped, of a vesicle produced by lymph, dated April 17, 1852—that is, seven years and three months old. He also saw vesicles in progress towards maturity, which had been produced, in two cases, from lymph dated February 2, 1853, or six and a half years old. In another case, the lymph was dated May 13, 1854, and was therefore five years and three months old; in two other cases, it was dated March, 1858, and was therefore one year and seven months old; in another, September, 1858, and therefore eleven months old."

" Here were seven successful vaccinations in different stages of progress, in which the lymph employed was from one to seven years old. Such an occurrence is, I suppose, unexampled in the history of vaccination. Solitary instances of the kind have happened before, and been cited as marvels. But a succession of such, occurring within the space of a few days—most of them, indeed, contemporaneously—may well fix our attention, not surely as something extraordinary and to be wondered at and forgotten, but as pointing us to results of great practical importance."

Dr. Husband also gives a table of 341 vaccinations of infants, performed between the years 1853 and 1856, with lymph which had been sealed up for various lengths of time, from one day to two years and a half, and exposed, for the sake of experiment, during several hours daily for months together, to a temperature of from  $80^{\circ}$  to  $90^{\circ}$  of Fahrenheit. Of these vaccinations, 41 failed, the failures being actually less with the oldest lymph. Thus,

of 56 vaccinations with that which was from one to four weeks old, 10 cases failed; with 53 vaccinations where it was from six to twelve months old, 4 cases failed; in 52 vaccinations with lymph from one to eight days old, 7 cases failed; and in 35 where it was from one to three years old, 3 failed. This table brings out the remarkable fact "that the activity of the lymph, as indicated by the probability of producing with it perfectly normal vesicles, *is not affected by the length of time it has been kept*, at least within the ample limit of two years and a half."

Provided with a capital stock of such lymph, the physician is self-dependent, and at all times

"\*\*\*\* in circumstances to vaccinate at a moment's notice, as occasion or necessity may require. He can consult his own convenience, and that of his patients: he can choose his own time for vaccinating, and avail himself of opportunities for so doing wherever he may happen to be. When he gets a supply of fresh lymph, he need be in no haste to use it, for it will be as fresh in his hands twelve months hence as it is to-day. If an epidemic of smallpox break out, he is prepared for the emergency. He saves the lives of the unvaccinated whom he finds exposed to the contagion, by the instant application of the antidote. He can offer the protection of revaccination to the vaccinated, and follow up his offer by the immediate performance of the operation."

With regard to our personal use of these tubes, we would say, that having received some from Dr. Husband in July last, the lymph contained in them, after a voyage across the Atlantic in the mail-bag and used in the hottest weather, was perfectly satisfactory. Those which we have charged subsequently have been also in all respects satisfactory. For preserving lymph for use in summer, which is generally so difficult, we believe them invaluable. Their power to accomplish this is strikingly shown in the following quotation.

"Several years ago an eminent missionary, the Rev. H. M. Waddell, carried some tubes, with which I furnished him, to Old Calabar, on the west coast of Africa, and introduced vaccination there for the first time, after numerous ineffectual attempts had been made to introduce it by means of dry lymph. This fact is interesting, from the circumstance that Calabar is situated in north latitude 5°—that is, eleven degrees nearer the equator than St. Louis on the Sénégâl, of which the French author formerly quoted says, 'Rien de plus difficile que de conserver le vaccin aux antilles et au Sénégâl. Il est rare que celui qui vient d'Europe y réussisse;' and eight degrees further south than Bathurst on the Gambia, where, for years after the establishment of the colony, repeated attempts were made without success, to introduce vaccination by lymph sent out from England."

We should be glad if we could quote further from this pamphlet, and place before our readers others of the striking facts stated by Dr. Husband, as well as the general observations on vaccination and vaccinia contained in its pages. It would convince them that the author is master of his subject, and entitled to great praise for what he has accomplished, as well as for the modesty with which he presents his method to the public. We may add, moreover, that a medical friend, who has lately seen Dr. Husband vaccinate, speaks in the very highest terms of the ease, celerity and constant success of the method in his hands. He fully deserves the already very extensive honor and reputation he has acquired.

## OCCLUSION OF THE VAGINA—OPERATION—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

[THIS, and the case of rupture of the uterus which immediately follows, were communicated by Drs. B. CARPENTER and T. PHELPS, of North Attleborough.—EDS.]

Mrs. M. M., the subject of this notice, was 22 years of age; rather below the middle size, weighing about 110 pounds; of dark complexion, with dark-blue eyes, and of bilio-sanguineous temperament. Had been married 3½ years; had never menstruated, so far as she knew, and had never had connection with her husband. The breasts and external organs of generation were fully developed, and in good proportion.

We were called to see Mrs. M. Sept. 19th, 1859. Found her suffering severely from retention of urine—having passed very little water for the previous twenty-four hours. On attempting to introduce a catheter, we found a large tumor—round, hard, and resembling in its appearance a child's head—pressing upon the vulva, and entirely obscuring the urethra.

Did not succeed in introducing the catheter. A saline cathartic and diuretics were ordered.

Sept. 20th.—Saw our patient in the morning, and ascertained the following facts. She had observed swelling of the lower extremities from four to six years anterior to our seeing her; otherwise had enjoyed good health, until about six months before our first visit, since which time, she had suffered with pain in the back, and had noticed a tumor in the lower part of the abdomen. Had never suffered on account of her water until about a week before she called upon us; nor had she at any time suspended her usual domestic avocations until the last mentioned date.

Upon examination, we found everything normal except the vagina. That organ, entirely occluded, with its walls a quarter of an inch in thickness, having the appearance of a hard, round substance, was pressed down upon the external labia, so as to separate those parts to a considerable extent, and terminated in a perfect *cul de sac*.

Slight fluctuation was observed in the tumor, which led to the conclusion that it contained a fluid, and that that fluid was the menstrual discharge, which had been regularly secreted, and deposited in the occluded vagina, since her womanly development.

A trocar was now thrust into the sac, and three quarts of a thick, black, inodorous fluid, closely resembling tar in color and consistence, were drawn off. The opening was then freely enlarged, and the parts kept separated with tents, and thus a very convenient, artificial opening and entrance into the vagina was made. Our patient has enjoyed good health since the operation, menstruating regularly, until she became *enceinte*, which is her condition at this time.

That the vagina should be perfectly occluded, while all the other

parts were in a state of entire development, is no more singular than many other aberrations of nature of almost daily occurrence, yet there are some inquiries pertinent to this case.

1st, Did this patient come to maturity as early as other healthy females?

2dly, If she menstruated as freely as ordinary females, ought not the quantity of this fluid to have been greater?

3dly, How could this mass of excreted matter have remained for so long a period of time, in that pent-up condition, and yet without offence?

#### CANCER OF UTERUS, WITH RUPTURE AT TIME OF PARTURITION.

Feb. 7th, 1860, was called to see Mrs. M. at 4 o'clock, P.M. Found her in labor, with slight pains. Os uteri slightly dilated, and dilatable.

Called again at 7, P.M. Os uteri well dilated. Head presentation; pains regular, but not severe. At 10, P.M., the head of the child having passed the uterus, the pains, without any apparent cause, entirely ceased.

After having waited several hours in vain for a recurrence of the pains, it was determined to deliver by forceps (it being a well-marked forceps case).

Ether was administered, and the forceps applied, but without success. It was apparent that some unusual cause was operating to prevent delivery. Our patient was rapidly sinking. We deferred further efforts for delivery, and attempted to sustain her with stimulants, but she continued to sink, and expired at 9 o'clock, A.M., on the 8th.

*Sectio Cadaveris.*—On opening the abdomen, we found the entire body of the child had escaped from the uterus into the abdomen, with the legs and feet turned towards the pubis of the mother; hence the impossibility of delivering with the forceps.

Further examination revealed a cancerous condition of the fundus and left portion of the uterus, with a thickening of its walls from two to three and a half inches in extent, while the right portion of the organ was scarcely thicker than paper, and nearly void of tenacity. During the ordinary pains of labor, this right side was ruptured, or rather split in its whole extent, and hence the entire child, with the exception of the head, had escaped into the abdomen.

We afterwards learned from the husband that his wife had been ill for nearly twelve months, and had continually complained of a lump in her left side. These facts were unknown to us until after the autopsy.

The peculiarity of this case consists in the absence of all those symptoms usually present upon rupture of the uterus: such as very severe and continuous pains; screeching at the time the rupture takes place; syncope immediately following the rupture, &c.

The diseased state of the uterus very satisfactorily accounted for the absence of all these symptoms usually attendant upon this accident. Disease had destroyed the natural tenacity and sensibility of the organ, so that severe contractile efforts were not necessary to produce the rupture, nor was there acute sensation and suffering when the laceration took place, and hence the obscurity of the diagnosis.

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### LEUCOCYTHÆMIA.

[Translated for the Boston Medical and Surgical Journal from No. 32 of the *Allgemeine Wiener Zeitung* for 1853.—Concluded from page 102.]

BY B. JOY JEFFRIES, M.D.

#### *Remarks from Dr. JULIUS KLOB.*

ALTHOUGH, from the clinical examination of the patient, there appeared to be no doubt, yet the dissection fully confirmed the diagnosis of leukaemia.

The most important alteration was in the blood itself and in the spleen. The question as to which was the primary lesion, is answered in our case by a simple recapitulation. About a year ago, the disease began with chills and fever, in general, with febrile disturbances, the character of which was at first typical, but afterwards irregular. An enlargement of the spleen accompanied these. For more than six months there has been pain in the region of the spleen, which increased with every new febrile attack, the size of this organ also increasing. The fever, pain and enlargement of the spleen now went forward hand in hand, whilst in the apyrexia the pain either diminished in intensity, or entirely ceased, the splenic enlargement decreasing, or at least remaining stationary without further development. The patient's blood was examined during the first few days after her reception into the hospital, and the results confirmed the opinion previously expressed by Prof. Oppolzer, namely: that there was a relative increase of the number of white corpuscles; that the blood did *not*, it was true, as *yet* possess the *perfect* character of leukæmic blood, still no other disease would cause an increase of the white elements to such a degree as was already the case here. The reaction on the addition of potassa, proposed by Heller, was at this time very marked. A few weeks later, the white corpuscles had decidedly increased, and the diagnosis could be made from the microscopic examination alone, the alteration of the blood by the increase of the white elements being already considerable. The change in the blood became more and more marked, till towards the end of the patient's life it was excessive. In this case therefore the alteration in the spleen was the primary lesion, and that of the blood secondary, dependent upon the first.

From the results of the *post mortem*, we must consider this as a

case of leukæmia, and one of moderate intensity. It was only in the uterine veins that the blood had an obvious resemblance to pus. In assigning to this case its place according to Virchow's division of leukæmia, it is pretty evident that it must be considered one of the lienteric form. Yet there is a peculiarity in it which had been anticipated by the distinguished investigator of leukæmia, with which, however, he had never met. It is the presence of free nuclei, exactly similar to those we find in the swollen lymphatic glands. Virchow's division of leukæmia into lienteric and lymphatic, was based upon the predominant enlargement of either the spleen or lymphatic glands; as in this disease we attribute the alteration in the blood to the morbid condition of these two centres. The influence of these organs on the formation of the blood had long been considered nearly similar. The spleen and lymphatic glands were ranked together, and consequently we should not have assumed, *a priori*, that a more or less isolated alteration of either organ would have produced any difference in their action. This difference is so small that it escaped the careful investigation and acute perception of Virchow, and he found in his lienteric form of leukæmia the colorless cells prevailing in the blood, whilst in the lymphatic form, besides these cells, other elements were present, exactly answering in size and shape to the corpuscles of the lymphatic glands. Here then was an essential difference between the two forms, suggesting the source of the abnormal elements mixed with the blood.

Now although Virchow considered that in the lymphatic form a simultaneous swelling of the spleen did not suffice to deprive the blood of the distinctive properties it obtained from the lymphatic glands, yet since this statement was made, cases have occurred where the affection of the glands was only slight and scarcely noticeable, so that when a considerable splenic enlargement was present, we could say at the first glance that it was Virchow's *lienteric* form before us. But a careful examination proved that slight as was the extent of the disease in the lymphatic glands, yet an alteration had been caused in the blood by their elements mixing with it, so that it had assumed more the character of Virchow's lymphatic form. This is the second case of the kind which has come to the knowledge of Klob, who treats of the subject more fully in a communication now in press.

We can only consider such cases as transition forms between the two kinds of leukæmia, to the probable existence of which, Virchow himself called attention.

Now putting together what we have found, we shall have the following. About a year ago the disease began as an inflammation of the spleen, which became enlarged and hypertrophied, the symptoms appearing in the form of pain and febrile disturbance; so that we must consider this splenic tumor as an inflammatory hypertrophy in Rokitansky's acceptation.

The function of the spleen in the preparation of the blood is so important that such a long-continued inflammatory condition of the whole organ could not but influence its composition. By the disturbance of the nutrition of the spleen (inflammation), its function was so altered that the specific elements of the blood (which normally, in a certain stage of development, pass from the spleen into the blood, in order to be there colored) were, in consequence, transmitted to it in that state in which they were incapable of undergoing further changes. They remained therefore in the blood in a sort of embryotic condition, as so-called colorless blood-corpuscles. Hence the corresponding alteration of the character of the blood as it changes to the white blood of leukæmia with the degree of admixture of this element. We see, therefore, in consequence of the disturbance of nutrition in the organs which prepare the blood, an arrest of development of the latter—a sort of derangement of nutrition of the blood itself, and in consequence of *that*, death occurring from anaæmia.

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### Reports of Medical Societies.

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#### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

DEC. 12th.—*Extroversion of the Bladder.* Dr. JACKSON reported the case, which he had recently seen, and which resembled essentially that of the man (Hayden) who has so often exhibited himself here, and whose condition has been fully described by Prof. L. A. Dugas, with general remarks upon extroversion, in the *Southern Medical and Surgical Journal* for April, 1840. The subject of the present case was a healthy, intelligent, Irish journeyman cabinet maker, from Brooklyn, N. Y.; 40 years of age, but looked ten years younger. The mucous surface of the bladder was covered to a considerable extent by a very thin cuticle. No trace of navel. Hernia on each side. Ends of pelvic bones indistinctly felt. Testicles in the scrotum. The glans penis has a bilobed look, as usual; and being separated from the bladder by slight pressure, as the man lay upon his back in a strong sun-light, something like a *caput gallinaginis* could be seen, with the openings of ducts upon each side. Frænum well developed, and the prepuce in accordance with the glans. The man says that, so far as he knows, his sexual feelings are as strong as those of any man, that he occasionally has a seminal discharge, and “can draw it.”

DEC. 27th.—*Enormous Abscess of the Kidney.* Dr. JACOB HAYES, of Charlestown, reported the following case, and exhibited the specimen.

The patient was a milkman by occupation, 33 years old, and was first seen by Dr. H. on the 20th Oct., when he had been off his work only four days, not having previously been aware of any difficulty. He had the usual symptoms of typhoid fever, and, in addition, marked pain in the right side, below the chest. On examination, a tumor was found, almost filling the abdominal cavity, and giving to the belly the

appearance of that of a woman in the seventh month of pregnancy. It lay rather to the right side, extending far up under the false ribs, and down to the ilium, and three inches to the left of the umbilicus, its most prominent point being a little above, and two or three inches to the right of the umbilicus. It was of cartilaginous hardness, not tender on pressure, and, strange to say, the patient was entirely ignorant of its existence. The fever ran its course for two weeks, when he had well-marked pneumonia of the right side. By the middle of the fourth week, the symptoms abated, and convalescence was well established; his appetite and strength were so far returned that he was able to go about his room for several hours a day, during the fifth week. He then began to lose strength, and to have severe rigors. These rigors, which returned every twenty-four hours, and in some instances twice in that time, coincided with the beginning of well-marked softening of the tumor, which went on gradually up to the beginning of the seventh week, when fluctuation was well established; the tumor did not vary in size essentially during its progress.

Dr. GAY now saw the patient in consultation, and it was determined to puncture the tumor, which operation he performed, making the opening a little below the false ribs, and about three inches to the right of the median line. Two quarts of pus were drawn off, which continued to flow at the rate of a pint a day for two weeks, when it materially lessened. He did not complain of pain or soreness of the bowels at any time after the puncture. In a few days he began to expectorate from two to four ounces of pus a day, and in three weeks from the opening of the tumor he sank and died, on the 25th of December, having been sick about ten weeks. During the whole continuance of his sickness he had a pulse of 120 per minute; his mind was clear, but he exhibited a remarkable indifference to his condition.

At the *post-mortem* examination, a large quantity of pus was found in the cavity of the abdomen, and the intestines were glued together with soft lymph, showing recent peritoneal inflammation. All the abdominal organs were healthy except the right kidney, which by its dilatation formed the tumor; this consisting of a large sac with thin walls, containing pus, and evidently formed by an expansion of the kidney. The sac was nowhere adherent to the contiguous peritoneal surface. It extended upward to the diaphragm, which was perforated, allowing the pus to pass into the right side of the chest. The right lung lay in contact with the spine, was entirely deprived of air, and quite friable. No communication with the pleural cavity was noticed, but attention was not directed to this point. The chest and abdomen contained six quarts of pus. The other organs were healthy.

JAN. 9th.—*Rectum of a Calf opening into the Vagina, with Imperforation of this last.* Specimen exhibited by Dr. JACKSON. The animal was of the Alderney breed, born in this vicinity, and was sent to Dr. H. J. Bigelow. Well formed externally, and lived until the third day. On dissection, the opening between the rectum and lower part of the vagina would have admitted a large catheter; and both cavities, as well as the uterus, were distended with meconium. The vulva was sufficiently well, but separated from the vagina by a fleshy and moderately thick septum. The other organs were examined and found to be well formed. Dr. J. remarked that he had not met with, and did not remember to have heard of a case of occlusion of the vagina where this last communicated with the rectum.

JAN. 23d.—*Rupture of the Uterus.* Dr. ANSON HOOKER, of East Cambridge, reported the following case.

"On the 15th of January, 1860, I was called to see Mrs. C., aged 32, in labor with her fourth child. She was taken with symptoms of labor in the morning, pains moderate through the forenoon, with more hemorrhage than natural. At noon, the pains became very severe, and I was sent for in haste. The pains were described by experienced women in attendance as being unusually severe, and they became alarmed. Before my arrival the patient had *suddenly* become relieved from the extreme pain she had been suffering, and in place of it had what she called a "gripping pain" in the abdomen, with excessive tenderness. She had a moist skin, a variable pulse, at times rapid and feeble, at other times less frequent and of more volume, but always compressible. She had vomited. Voice was good. Respiration hurried. Countenance anxious. Did not complain of feeling faint.

"I administered some stimulants, and made an examination per vaginam. Found the head presenting, it having descended partially into the pelvis; scalp edematous; no motion of the child had been felt by the mother during the day. There was a moderate discharge of bright arterial blood, not amounting to flowing. The bowels were so excessively tender I did not examine for the foetal circulation. I staid with the woman about two hours, and, finding no alteration, left her, with directions to be sent for if any material change occurred, informing the friends that I feared some internal injury had taken place of a dangerous character.

"I visited her again at 7 in the evening. Some reaction had taken place, pulse had more strength and firmness. Respiration the same. About every twenty minutes she had a distressing pain in the abdomen, but there was no uterine contraction. The child had not moved from the position in which I had first found it. I gave the patient two drachms of powdered ergot, in divided doses, during one hour and a half, with no perceptible effect. During the last four hours there had been no vomiting.

"At 9, P.M., I decided to attempt to deliver with forceps, as the head could be reached by the long forceps. One blade was introduced over the head, but it seemed less *steady* than usual. On introducing the second blade, the head eluded my grasp, and escaped beyond the reach of the finger. I then withdrew the forceps and passed up the hand. When the hand had reached a little above the os, a *rent* was discovered in the uterus on the right side, running laterally, of sufficient size to allow my whole hand to pass readily into the cavity of the abdomen. The placenta was entirely detached, and lay in the rent, mostly in the cavity of the abdomen. I felt for coagula, but found none. The child was wholly in *utero*. I delivered by 'turning,' taking care to turn in such a way as to carry the head to the opposite side of the womb from the rupture. Delivery was accomplished as readily as under ordinary circumstances, the patient being kept all the time under the influence of ether. There was no flowing before or after delivery. The woman lived twelve hours after delivery, and thirty-six hours from the time of the rupture in the uterus."

FEB. 13th.—*Tumor of the Kidney, communicating with the Intestine.* Dr. CABOT reported the case, which was that of a married woman, 30 years old, sickly looking, with a very distressed expression of countenance, who entered the Hospital Nov. 9th. She stated that three

months previously, after the birth of a stillborn child, she felt a tumor of the size of a walnut in the right iliac region. It continued to increase in size, changing its position, so as to occupy the umbilical region at times, until it became apparently fixed at its upper extremity, about six weeks before her entrance. The tumor was found to occupy nearly the whole of the right umbilical region, extending partly into the hypochondrium and into the iliac fossa. It projected above the level of the abdomen, making the integuments tense. It was tender on pressure, tolerably firm at the upper portion; at the lower portion there was fluctuation. The upper margin seemed attached, while the lower was apparently free.

Dec. 26th, the tumor was observed to be much less in size, and the dejections contained pus. Diarrhea set in, the discharges being still purulent, and there was œdema of the legs. The patient complained of severe pain in the back. She died Feb. 2d.

Dr. ELLIS gave the following account of the autopsy:—The ascending colon, and that part of the small intestine just below the duodenum, adhered to a firm tumor, which lay in the right lumbar region. Two inches above the superior spinous process of the right ilium was an opening upon the anterior face of the tumor, from which pus issued. Above this, the abdominal parietes had evidently been slightly adherent, and were sufficiently eroded and discolored to show that the pus was seeking an outlet in that direction.

Behind the tumor was a large collection of pus, which extended downwards, beneath the lumbar and iliac muscles. One half of the lower dorsal, and the whole of the upper lumbar vertebræ were denuded. On incision, the remains of kidney were found within the thickened tissues. The organ was of about the usual size, mostly occupied by cavities, the largest of which was an inch and a half in diameter. They were filled with thick pus. The parietes were of a dark bluish slate color, and plicated. In that portion of the large intestine which adhered to the kidney was a small opening, through which a probe could be passed into one of the large cavities. A free communication was also established with the small intestine at the point designated; but here were two openings, each half an inch in diameter. The mucous membrane of the part was of a grayish color. The remaining substance of the kidney, between the cavities, was firm, uniform and grayish, but presented no appearance of the usual structure. Left kidney was large, yellowish and "coarse." On microscopical examination, the tubuli appeared unusually large. Bladder and other organs normal.

FEB. 13th.—*Acephalous Fœtus, with Dislocation of the Hip, and other Complications.*—Dr. JACKSON exhibited the specimen, which he had received from Dr. N. C. PARKER, of Farmington, N. H.

The mother was a married woman, æt. 33 years, and this was her fifth child; thought herself within a month of her full period, and that she felt the motions of the child on the day of her confinement. Length of labor, two hours; unable to sit up for the last two weeks. Head presented. Child still-born. Quantity of liquor amnii thirteen quarts. No cause assigned for malformation. The other children are well-formed.

Weight of fœtus, two pounds two ounces. Upon the base of the skull, and overlying the vertebræ and spinal marrow to a considerable extent, was a mass of brain, which, in a measuring glass, was found to have the capacity of nearly an ounce and a half. The convolutions

of this last were marked, and within were some appearances of a cavity; connection with spinal marrow very slight, if indeed any existed. The cranium is found as usual in such cases, so far as can be judged before the skeleton is prepared; and the same may be said of the vertebral column, which is open throughout. The spinal marrow is in the form of two longitudinal and moderately thick ribbons, each about one-third of an inch in width, and nearly or quite separated upon the median line; this condition of the organ being more or less marked in several of these cases that Dr. J. has examined. Anteriorly, the spinal marrow is closely connected with the membranes, and the nerves are given off from it along its whole length; but posteriorly, it was quite uncovered, excepting its being overlaid by the brain. The fifth pair of nerves, and the seventh and eighth pairs, appeared to arise from the spinal marrow; these, with a small one that probably passed out through the sphenoid bone, were all of the cranial nerves that were found, none being seen to be connected with the brain.

The eyes are not merely more prominent than usual in the "acephalous foetus," but the lids are almost entirely wanting.

A hare-lip exists; the fissure being broad, and situated as perfectly on the median line as in the animal that gives the name to this malformation. The palate is not fissured, but there is the appearance of it that exists so very frequently in these cases. The nose is rather flattened, and, so far as can be seen, the septum is entirely wanting.

The left lower extremity, before the dissection, was much shortened and completely everted, and the head of the femur could be felt to rotate above the socket. Having been dissected, this last is seen to be of considerable size and depth, but nearly filled with fat, of which there is no trace in the other socket. The upper margin of the acetabulum is entirely wanting; and the head of the femur, which is somewhat flattened, rested just above it, and quite near to the anterior-inferior spinous process of the ilium. The capsular ligament was well developed, and the cavity contained the usual secretion. Round ligament connected with the adjacent parts throughout, and of course considerably lengthened; that upon the opposite side being free except at its extremities. The pyramidalis, obturator internus and the gemelli are quite small and thin; but the other muscles about the joint appear to be well developed.

The left knee-joint is also partially dislocated; the condyles of the femur projecting strongly backward. The leg makes an angle forwards upon the thigh, and cannot be fairly brought into a straight line with it; the motions being limited, and the standing off of this leg from its fellow having been quite marked before the dissection. The patella is drawn considerably upwards above the joint.

The left foot is affected with varus in a moderate degree. There is no other external malformation, and the internal organs were well formed, excepting the renal capsules, and these were not so small as they usually are in the "acephalous foetus." Sex, female.

Dr. J. referred to the various theories in regard to congenital dislocation of the hip, and the bearing that the present case would have upon that of Guérin, which seems as plausible as any one; he thought, however, that if the condition of the nervous centres was to explain the occurrence, it was strange that he should never have met with it before, considering the great frequency here of the various kinds of monstrosity that go generally under the name of the "acephalous

fœtus." He is inclined to regard the partial dislocation of the knee and the club-foot as due to the same cause that produced the dislocation of the hip. Hare-lip, Dr. J. said, is often instance as one of the cases of fissure upon the median line, and in favor of one of the laws of foetal development, but this is the only case in which he has ever seen it there.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, MARCH 8, 1860.

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MASSACHUSETTS MEDICAL COLLEGE.—The annual commencement for the conferring of medical degrees, the announcement of which has already appeared, takes place this week at the Medical College in Grove St. The occasion is one of much interest to those who are about to enter upon the active duties of the profession, and it must be gratifying not only to them, but to the friends of the institution generally, that the members of the graduating class have acquitted themselves with much credit in the performance of the necessary requirements for medical honors.

From the past history of the College, and the renowned and venerable names with which it will be forever associated, we are naturally led to regard with peculiar interest all that relates to its prosperity and welfare; and it may be safely said that at no previous period has it presented higher claims than at present. With an able and efficient body of instructors, each eminent in his own department, together with the rare clinical advantages afforded by the Massachusetts General Hospital, the instruction is both practical and thorough, and probably not surpassed by any institution in the country. We hope next week to be able to give a brief report of the closing exercises of the term, upon the completion of which we congratulate all those who have been confined by its arduous and sometimes harassing duties.

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CHEMISTRY IN HARVARD UNIVERSITY.—We are glad to be permitted to publish the following able report by Dr. Hitchcock, of Fitchburg, the Chairman of the Committee recently appointed to examine the undergraduates of Harvard College in chemistry.

*"To the President and Overseers of Harvard University.*

"The Committee for examination in Chemistry attended to their duties on Friday, July 15th, 1859, and also on Tuesday and Wednesday, January 17th and 18th, 1860; examining, on each occasion, the Junior and Sophomore classes. The method was by written questions, the answers and solutions of problems being also given in writing. An elective section of nine Juniors in July and thirty in January, were examined *orally*. The result of these examinations was highly satisfactory to the Committee. The average scale of merit of the classes was very creditable to their talent, industry and fidelity. The method of instruction adopted by the professors seemed to possess some special excellences worthy of mention in this report.

"1st Perfect neatness and order characterizes the laboratory and recitation rooms.

"2d. The object of the course of instruction appears to be to impress the students with the great principles of chemistry; and to make them familiar with the Lavoisierian nomenclature, and symbolic language. In short, to teach the *logic* of the science, instead of crowding the memory with *isolated facts*; leaving these naturally to cluster around the main principles, and thus form in the mind of the student a symmetrical and available amount of chemical knowledge.

"3d. A course of practical chemistry, including crystallography, is pursued by the undergraduates, which must be exceedingly valuable in cultivating a power of observing phenomena and making correct inductions. The object of this practical course in chemistry is chiefly to cultivate the *power of observation*; and we feel confident that this element of training in the College course will prove of inestimable value in all those practical pursuits and professions where a quick and correct power of observation is the *great necessity*.

"4th. The French system of weights and measures, which has for several years been adopted in teaching chemistry in the University, is continued, with increasing satisfaction and advantage.

"5th. The system of taking full notes of lectures on chemistry, by the students, is new, and is unquestionably an improvement, and will tend greatly to increase the efficiency and value of the whole lecture system.

"In conclusion, we would again express our perfect satisfaction with the results of our examination of the classes in chemistry.

Respectfully submitted, for the Committee, ALFRED HITCHCOCK,  
Chairman.  
Boston, January 26th, 1860.

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SEVENTH ANNUAL REPORT OF THE SURGEONS OF THE N. Y. OPHTHALMIC HOSPITAL.—Drs. Stephenson and Garrish, the attending Surgeons of this Institution, report *ten hundred and ten* registered patients during the past year, and over seven thousand since its organization. To the medical pupils in attendance, the past winter has been a favorable one for witnessing operations for cataract, strabismus, pterygium, entropion, ectropion, trichiasis, staphyloma, &c.; also extirpation of the eye, after the method practised by Mr. Critchett, of the London Ophthalmic Hospital, and Bowman's operation for catheterizing the nasal duct by slitting up the lachrymal canal. The result in the last-named operation was perfectly successful. Their *ophthalmic school* is in a prosperous condition, having been numerously attended during the last session by students and practitioners from all sections of the country. We perceive by the April Number for 1859, of the Glasgow Medical Journal, that Dr. Mark Stephenson, the senior surgeon to the above Institution, has had a high encomium paid him in relation to his Essay on "the treatment best adapted to each variety of cataract," published in the Transactions of the American Medical Association for 1858. The following is the criticism referred to:—"This," says the reviewer, "is a sensible and practical Essay on the operations for the cure of cataract, each of which the author explains to have its advantages and disadvantages. On the whole, we regard Dr. Stephenson's Essay as significant, not less of candid judgment than of correct observation, and as contrasting strongly in his favor, with some of the productions, in the same department of medical literature, given forth by certain cormorants for fame, who evidently fancy, that by giving new names to old operations, ignoring the authors of long-established

doctrines and practices, or propounding the most monstrous absurdities, they are sticking leaves of laurel around their wigs."

THE VACCINATION CASES AT WESTFORD.—Much excitement has lately been caused in Westford and its vicinity, by the serious effects which have followed several cases of vaccination in that town. From the report made at the last meeting of the Boston Society for Medical Improvement, it appears that the matter used consisted of crusts, taken from healthy persons, and having every appearance of being perfectly good. In preparing these for use, two or three were dissolved in a small quantity of snow water, this solution being kept in a vial, which was carried in the pocket. A thread soaked in this was the medium of introduction.

From this solution twenty-eight persons were vaccinated on the day it was thus prepared (Feb. 11th), and no bad results followed. On the 18th, one week after, twenty-seven or eight others were vaccinated with the same material. Five of these were seriously affected with constitutional symptoms, followed by violent erysipelas of the whole arm, both external and cellular, and sloughing. Three days later, two more persons were vaccinated from the same vial, both of whom have since died.

It was the opinion of nearly all present at the time of the report, that the cause of these results arose from the decomposition of the animal matter in the solution, and that to this, and not to any inherent peculiarity in the matter, nor to the mode of its application, were to be attributed the unlooked-for and dangerous results which have followed.

That the symptoms were due to some *change in the matter, subsequent to its preparation*, is evident from the fact that those first vaccinated exhibited nothing unusual, while the symptoms of blood-poisoning were most marked in those last inoculated with the virus.

That the matter had commenced to undergo the putrefactive change, was evident from the odor, which was extremely offensive, so that the opinion generally entertained is obviously the correct one, that the symptoms were due to the introduction of putrid animal matter, and cannot be attributable to anything in the matter itself as originally obtained, nor in any peculiar atmospheric condition, of which there was no evidence.

TOOTH-DRAWING IN SPAIN.—A recent traveller in Spain describes an itinerant dentist, in the public square of Cadiz, to whom a patient, in the shape of a pain-stricken muleteer, came, griping at his jaw, for assistance. The grave quack did not dismount, hardly stooped in his saddle, but, with one experienced, far-sighted, keen glance at the cavernous tooth, drew a long Toledo rapier, with a curious twisted steel hilt, that hung by his side, slipped the point under the black fang, and scooped it out with a single twitch. With military precision he wiped his sword, slipped it back into its sheath, held out his hand for the twopenny fee, touched his hat, and rode gravely off.—*Lancel.*

NEW YORK MEDICAL COLLEGE.—The Eighth Annual Commencement took place on Thursday evening, March 1, in the lecture room of the College. The President of the faculty, Dr. Horace Green, conferred the degree of M.D. on the graduating class, numbering 20. The honorary

degree was conferred on Samuel T. Parker, New York; Campbell Morfit, New York; Thomas Garrett, Pennsylvania; Rev. A. G. Shears, Conn. The valedictory address was delivered by Sam'l J. Tilden, Esq.

At the Commencement of the Ohio College of Dental Surgery, Feb. 22, the degree of D.D.S., Doctor of Dental Surgery, was conferred upon four graduates. The address was delivered by Dr. J. F. Johnson, of Indianapolis.

THE NURSERY AND CHILDREN'S HOSPITAL anniversary meeting was held in N. York on the 1st inst. The number of inmates for the year was 704, of whom 194 were women and 510 children. The disbursements were \$12,544, and the Society is now out of debt.

HOW TO RENDER MUSLINS FIREPROOF.—Messrs. Versmann and Oppenheim, whose researches on this subject have been most carefully and scientifically conducted, advise the use of the following solution as the only one which can be recommended for laundry purposes:—A concentrated neutral solution of tungstate of soda is diluted with water to 28 degrees Twaddle, and then mixed with three per cent. of phosphate of soda. This solution is found to keep, and to answer well. It has been introduced into her Majesty's laundry, where it is being constantly used. It is stated to be neither injurious to the texture or colors, nor in any degree difficult of application in the washing process. Its protecting power against fire is perfect.—*London Lancet.*

**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, MARCH 3d, 1860.

DEATHS.

					Males.	Females.	Total.
Deaths during the week,					47	48	95
Average Mortality of the corresponding weeks of the ten years, 1850-1860,					39.5	41.1	80.6
Average corrected to increased population,					..	..	92
Deaths of persons above 90,					..	..	..

Mortality from Prevailing Diseases.					
Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
18	4	6	7	1	9

METEOROLOGY.

*From Observations taken at the Cambridge Observatory.*

Mean height of Barometer, . . . . .	30.291	Highest point of Thermometer, . . . . .	58
Highest point of Barometer, . . . . .	30.568	Lowest point of Thermometer, . . . . .	21
Lowest point of Barometer, . . . . .	29.843	General direction of the Wind, . . . . .	SW.
Mean Temperature, . . . . .	38.2	Whole amount of Rain in the week, . . . . .	.855

*Communications Received.*—How to Vaccinate.

*Books and Pamphlets Received.*—Clinical Lectures on certain Acute Diseases. By Robert Bentley Todd, M.D., F.R.S. (From the Publishers.)—Introductory Lecture to the Course of 1859-60 in the Medical College of Georgia. By Joseph Jones, M.D. (From the Author.)—Annual Report of the Surgeons of the New York Eye Infirmary.—Unwritten Studies and Duties of the Physician. Anniversary Address before the Worcester North District Medical Society. By A. Hitchcock, M.D. (From the Author.)—A Guide to the Practical Study of Diseases of the Eye, with an Outline of their Medical and Operative Treatment. By James Dixon, F.R.C.S. (From the Publisher.)—A Treatise on Medical Electricity, Theoretical and Practical. By J. Althaus, M.D. (From the Publishers.)

MARRIED.—At Cambridge, March 1, E. P. Burgess, M.D., of Dedham, to Ellen D., daughter of the late Dr. Holman, of Gardiner, Me.

DIED.—At West Brookfield, March 1, Dr. Lawson Mirick, 62.—In Gray, Me., Feb. 25th, Lizzie C., wife of Dr. Wm. Warren Greene, and daughter of the late Dea. Edward Carleton, of Waterford, aged 29 yrs. 4 mos.

*Deaths in Boston for the week ending Saturday noon, March 3d, 95.* Males, 47—Females, 48.—Accidents, 3—apoplexy, 1—hemorrhage of the bowels, 1—Inflammation of the bowels, 1—bronchitis, 1—softening of the brain, 1—cancer, 2—consumption, 18—convulsions, 5—croup, 4—dysentery, 1—dropsey, 2—dropsy in the head, 5—debility, 1—puerperal disease, 3—scarlet fever, 6—typhoid fever, 1—disease of the heart, 2—Influenza, 1—insanity, 2—congestion of the lungs, 1—Inflammation of the lungs, 7—marasmus, 5—measles, 1—old age, 1—pleurisy, 1—rheumatism, 1—scalded, 1—smallpox, 9—sore throat, 1—suicide, 1—tumor, 1—unknown, 3—whooping cough, 1.

Under 5 years, 45—between 5 and 20 years, 6—between 20 and 40 years, 24—between 40 and 60 years, 14—above 60 years, 7. Born in the United States, 67—Ireland, 21—other places, 7.